

**VOLUNTARY**

**BOARD MEMBERSHIP**

**Conway Education Centre**

**Expression of Interest**

**Contact Details** *(please complete in block letters)*

|  |  |  |
| --- | --- | --- |
| Title: | Mr / Mrs / Miss / Ms / Dr / Other (please state) |  |
| First Name(s): |  |
| Surname: |  |
| Correspondence  |  |
| Address: |  |
| Postcode: |  |
| Contact number: |  |  Email: |  |

**About you**

Conway Education Centre wishes to appoint Board Members with experience in one or more of the following areas and we would like to hear about your area(s) of expertise and knowledge.

Please provide a short example for the area(s) that you have knowledge in.

|  |  |
| --- | --- |
| Financial Management, Income Generation, Fundraising |  |
| Human Resources and Policy Development |  |
| Public Relations and Marketing |  |
| Organisational Development and Change Management |  |
| Setting Strategic Direction and Strategic Policy |  |
| Experience of good governance in the Community, Voluntary, Public and/or Statutory sectors  |  |
| Other |  |

**In Support of your Application**

We would like you to tell us, based on your own experience, how your skills and experience would positively contribute to the work of Conway Education Centre:

**Declaration:**

I confirm that the information I have given on this form in support of my application is correct.

I understand that the information I have given will be used by Conway Education Centre solely for the purposes for which it has been intended and may be entered onto a computer system or recorded in any form considered appropriate by Conway Education Centre. I understand that under the terms and conditions of the Data Protection Act this information will be treated in a secure and confidential manner.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

Please return your completed form, no later than noon on the 23rd of October 2017, to:

Pauline Kersten

Manager

Conway Education Centre

5/7 Conway Street, Belfast BT13 2DE

Email: pkersten@conwayeducation.org